

**GEORGIA DEPARTMENT OF DRIVER SERVICES**

Attn: Bulk MVR | P.O. BOX 80447 | CONYERS, GEORGIA 30013 | 678-413-8847

**APPLICATION FOR BULK MOTOR VEHICLE RECORDS**

**NOTE: To qualify for BULK MOTOR VEHICLE RECORDS (MVR) status your company  
MUST request more than 50 MVRs per year.**

DDS will only accept original documents with original signatures, no copies. This application must be completed in its entirety.  
Please allow 30 to 45 days processing time

CONTACT INFORMATION			
BUSINESS NAME			Federal Employer Identification Number (FEIN)
FULL NAME OF APPLICANT LAST FIRST MI			FOR RECERTIFICATION ONLY, PROVIDE EXISTING DDS CUSTOMER ID
BUSINESS PHYSICAL ADDRESS (STREET, CITY, ZIP CODE)			
BUSINESS BILLING ADDRESS (STREET, CITY, ZIP CODE)			
BUSINESS TELEPHONE NUMBER		BUSINESS FAX NUMBER	BUSINESS E-MAIL ADDRESS
ACCOUNT INFORMATION			
TYPE OF ACCOUNT REQUESTED (CHECK ONE ONLY) <input type="checkbox"/> Bulk User – company that requests MVR for their own employees <input type="checkbox"/> Bulk Requestor – company that requests MVR's for another company's employees <input type="checkbox"/> Internet LRI User – Limited Rating Information <i>for Insurance Companies Only</i>			
PURPOSE FOR REQUESTING RECORDS (CHECK ALL THAT APPLY)			
Employment		Business	
<input type="checkbox"/> Government Agencies <input type="checkbox"/> Bus Drivers (Public Schools) <input type="checkbox"/> CDL Driving Companies <input type="checkbox"/> Any other company not listed above		<input type="checkbox"/> Credit <input type="checkbox"/> Rental Car Agency <input type="checkbox"/> Insurance <input type="checkbox"/> Limited Rated Information <i>(for Insurance Companies Only)</i>	
PURPOSE FOR THIS REQUEST			
Describe why you are requesting Bulk MVR access. _____ How often will you be requesting MVRs? _____ Will the MVRs be requested manually or by an automated system? _____ Have you ever been certified or sanctioned by the Department as a Bulk MVR Requestor/User? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ How many MVR's do you expect to request per year? <input type="checkbox"/> 0 – 49 <input type="checkbox"/> 50 – 999 <input type="checkbox"/> 1,000 – 9,999 <input type="checkbox"/> 10,000 or more			
SECURITY QUESTION (MUST ANSWER AT LEAST ONE OF THE QUESTIONS BELOW) 1. What is your favorite color? _____ 2. What is your pets name? _____ 3. What are your hobbies? _____			
Do you have a contract with a state agency that requires you to request MVRs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must attach a copy of the state agency contract to your application.			
SIGNATURES			
By signing this application, I hereby certify the above information is true and correct and the information obtained will be used for the purpose stated above and in accordance with the Fair Credit Reporting Act. <b>Manager's signature is required. Applicant cannot be the same as manager.</b>			
NAME OF APPLICANT	TITLE OF APPLICANT	SIGNATURE OF APPLICANT	DATE
NAME OF MANAGER	TITLE OF MANAGER	SIGNATURE OF MANAGER	DATE